

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION | E.H. | | 06-28-01 |
| O.I.P.E. CLASSIFIER | | 5 | 7-13-01 |
| FORMALITY REVIEW | MO | JCN | 8/21/01 |
| RESPONSE FORMALITY REVIEW | HL | 712 | 10-15-01 |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)..... Canceled A Appeal
 ÷ Restricted O Objected

| Claim | Date |
|----------------|---------|
| Final Original | |
| 1 | 7/14/01 |
| 2 | ✓ |
| 3 | ✓ |
| 4 | ✓ |
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| Claim | Date |
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| Final Original | |
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| Claim | Date |
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| Final Original | |
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If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)

REC-7C543
 5/21/01
 5/22
 10-15-01